



Youth Sports & Special Interest Classes Registration Form

Please include a copy of your child's birth certificate.

Registration forms may be mailed in or dropped off at the Dr. Saide Recreation Center located at 1003 E. Eason Ave., Buckeye, AZ 85326. (623) 349-6350
Check, cash or money order is accepted. Please print when completing the information below.

Parent/Guardian Last Name: _____ Parent/Guardian First Name: _____

Address: _____ City/State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____ Mobile Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical Information: Does the participant have any medical condition that the instructor should be aware of? (i.e., Diabetes, ADD, asthma, seizures, etc.) If yes, please explain:

Photos: I give permission for my child to be video taped or photographed by the Town of Buckeye employees to be used at the site for activities and for any program advertisements for the Town of Buckeye.

Parent /Guardian Signature: _____

Program Registration

Registration Fees

1)

Last Name:	First Name:	Special Requests: (team/coach)	Course Fee:
Activity:	Session/Time:	Nearest/Designated School:	\$1 Donation Youth Assist.: (Optional)
Birth Date/Age:	Please Circle: M / F	T-Shirt Size: (Please Circle) Youth Med. Youth Large Adult Small Adult Med. Adult Large Adult XL	Total:

2)

Last Name:	First Name:	Special Requests: (team/coach)	Course Fee:
Activity:	Session/Time:	Nearest/Designated School:	\$1 Donation Youth Assist.: (Optional)
Birth Date/Age:	Please Circle: M / F	T-Shirt Size: (Please Circle) Youth Med. Youth Large Adult Small Adult Med. Adult Large Adult XL	Total:

3)

Last Name:	First Name:	Special Requests: (team/coach)	Course Fee:
Activity:	Session/Time:	Nearest/Designated School:	\$1 Donation Youth Assist.: (Optional)
Birth Date/Age:	Please Circle: M / F	T-Shirt Size: (Please Circle) Youth Med. Youth Large Adult Small Adult Med. Adult Large Adult XL	Total:

_____**YES, I want to be considered for a Volunteer COACH position in**
_____ **(sport) and I am aware that I must**
complete a coach application and be finger printed

Have you attended our sports Parent Orientation in the past? ☐ **Yes** ☐ **No**

I/we hereby release and forever discharge the Town of Buckeye, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants and employees, and any and all other persons, firms or corporations who are or might be liable from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a Town of Buckeye recreation program. The waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of the recreation program. In that regard, I/we consent to indemnify, defend and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorney's fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. I/we give permission for my child to be video taped or photographed by the Town of Buckeye employees to be used at the site for activities and for any program advertisements for the Town of Buckeye. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the Town of Buckeye, its officers, employees, or agents.

Signature: _____ Date: _____

Office Use Only

Cash \$ _____ Check \$ _____ Check Number _____ Total Amount Due: \$ _____ Staff Initials _____